

LDL- _____
(INTERNAL USE)



LIMITED DURATION LICENSE APPLICATION (LDL)

Mobile Wireless Facility

Event Name: _____

Business Name: _____

Applicant Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Activity Information

Location of Activity: _____

Public or Private Property? ☐ Public ☐ Private

Site Plan/Aerial Included? ☐ Yes ☐ No

Dates of Operation: Open: _____ Close: _____

Hours of Operation: Open: _____ Close: _____

Included With Application:

- ☐ Site Plan of Location
- ☐ Unit Plans and Specifications

Height of Tower: _____

Service Provider: _____

By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to activities identified herein whether caused by negligence of the City or otherwise. I affirm, under the penalties of perjury, that the foregoing representations are true.

Signature: _____

Date: _____

Department of Code Enforcement | Business Licensing

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